

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Joan Fallon

Examiner: Zachariah Lucas

SERIAL NO.: 09/990,909

Group Art Unit: 1648

FILED: November 16, 2001

Dated: January 29, 2004

FOR: METHODS FOR DIAGNOSING PERVASIVE DEVELOPMENT
DISORDERS, DYSAUTONOMIA, AND OTHER NEUROLOGICAL
CONDITIONS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM**RECEIVED****FEB 10 2004**

TECH CENTER 1600/2900

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	3	20	0	x 9 =	\$0	x 18 =	\$0
INDEPENDENT CLAIMS	1	3	0	x 43	\$0	x 86 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				145		290	\$0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

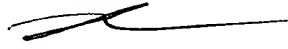
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 29, 2004.

Dated: January 29, 2004

 Frank V. DeRosa

- ☐ Please charge Deposit Account No. 50-0679 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ The amount of \$_____ is authorized to be charged to a Credit Card. Form PTO-2038 is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0679. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0679 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

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Respectfully submitted,



Frank V. DeRosa
Reg No. 43,584
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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joan Fallon

Examiner: Zachariah Lucas

Serial No: 09/990,909

Group Art Unit: 1648

Filed: November 16, 2001

Docket: 8016-5

**For: METHODS FOR DIAGNOSING PERVASIVE DEVELOPMENT DISORDERS,
DYSAUTONOMIA, AND OTHER NEUROLOGICAL CONDITIONS**

Commissioner for Patents
P.O. Box 1450

AMENDMENT

In response to the Office Action dated July 29, 2003, please amend the above-identified application as follows:

IN THE DRAWINGS

Please replace the originally filed Figs. 2 and 4 with the substitute Figs. 2 and 4 annexed hereto.

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Date: 1/29/04



Frank DeRosa